

GOLDEN WEST CENTRAL SERVICE & HEALTHCARE CHAPTER

2020 Seminar Registration/Membership Form



TODAY'S DATE _____ **GW Membership #** _____

Is this your first GW Seminar? ☐ Yes ☐ No

Are you a member of IAHCSMM (International Association of Healthcare Central Service Material Management)? ☐ YES ☐ NO

Name: _____ First Name for Name Badge: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Please record your certification information below:

Certification Type and No: _____

Hospital/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

FAX: (_____) _____ - _____ **Your E-Mail:** _____

Seminar Registration Rates for 2020 Note: ONLY the Non-Member rate for full seminar program, the CS Student rate, and the two day program includes a 2021 Membership. Also, additional Forms and By-Laws are available on our website.

<https://www.goldenwestchapter.org/>

	GW Member	Non-Member	CS Student	*Membership Dues: \$25.00 (check member type below)
Full Program	<input type="checkbox"/> \$260.00	<input type="checkbox"/> \$315.00	<input type="checkbox"/> \$150.00	* <input type="checkbox"/> New member
Wednesday Only	<input type="checkbox"/> \$140.00	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$100.00	* <input type="checkbox"/> Renewal
Thursday Only	<input type="checkbox"/> \$140.00	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$100.00	* <input type="checkbox"/> Retired
Friday Only	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$135.00	<input type="checkbox"/> \$100.00	* <input type="checkbox"/> Associate
				* <input type="checkbox"/> Information Update Only (no charge)

*****NOTE*** If Registering BEFORE JULY 31, 2020, DEDUCT \$20.00 from selected rate above AND THEN enter that amount in the form below. (Must be completed online or postmarked by 11:59 PM on 7/31/2020.)**

QTY	Product - Services	Price	Total
	Seminar Tuition - enter \$ amount from above		
	Extra Dinner ticket for a guest	\$25.00	
	Extra Lunch ticket for a guest	\$15.00	
	I Prefer Vegetarian Meals CIRCLE ANSWER Last minute changes are subject to fee of \$10.00	YES	NO
	Golden West Membership Dues	\$25.00	
		TOTAL	

Make Checks/Money Orders Payable to:

Mail Check & this Form to:

GWCS & HC

P.O. Box 418163

Sacramento, CA 95841-8163

OR Register and Pay online at: www.goldenwestchapter.org

GW USE ONLY: Date Seminar/Membership Form Received: _____

Paid by MoneyOrder/Check: Amt: _____ Check # _____ Paid Cash at Seminar: Cash Amt: _____

Paid by Credit Card: Amt: _____ VISA MASTERCARD DISCOVER AM.EX. OTHER _____

TOTAL AMOUNT PAID (combo cash/check/credit): _____

Membership card sent (Y/N) _____ Date Sent: _____